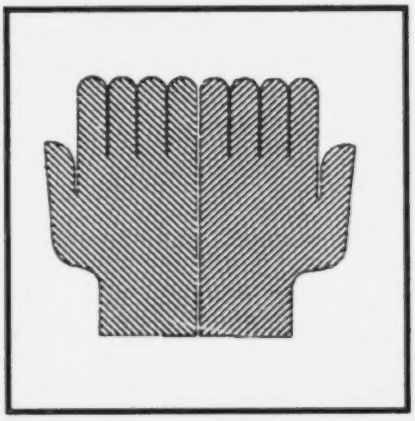
No. 9

NGO — WHO NEWSLETTER



PARTNERS IN HEALTH

WORLD HEALTH ORGANISATION
GENEVA, JULY 1991

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NEWS FROM THE FORTY-FOURTH WORLD HEALTH ASSEMBLY MAY 1991

Representatives of the 166 Member States of WHO assembled in Geneva from 6-16 May 1991 to review the work of WHO in 1990 and decide on its programme budget for the period 1992-93. In addition to the Programme Budget, prominent on the Agenda for the World Health Assembly (WHA) were the issues of health promotion of the least developed countries, women, health and development, children, emergency relief and the health situation in various countries. 85 out of the 169 non-governmental organizations in official relations with WHO participated in the Assembly and concurrent Technical Discussions.

TAKING CHANGES INTO ACCOUNT

These new areas of emphasis were arrived at as a consequence of the experience gained since the historic Declaration of Alma-Ata which could not have foreseen the new challenges presented by AIDS, environmental degradation, economic, social and demographic changes that would further test governments, health and development workers and the world community which had pledged their efforts to protect and promote health for all.

While upholding the principles contained in Alma-Ata they affirm, above all else, that the participation of the people is the very essence of primary health, that they should take part in the dialogue on their own health and care and that the challenge now is to translate the spirit of Alma-Ata into action taking into account the political, social and economic changes taking place all over the world. WHO will, therefore, be stressing these aspects in its future programmes, particularly in technical cooperation with countries to help them build, redesign, manage and evaluate their health systems so as to achieve health for all peoples.

WHO TO GIVE EMPHASIS TO 5 NEW AREAS FOR THE 1990s

1. the health of man in a changing environment
2. proper food and nutrition for a healthy life
3. integrated disease control as part of overall health care and human development
4. dissemination of information for advocacy and for education, managerial and scientific purposes
5. intensified health development action in, and support to countries, especially those most in need

92-93 PROGRAMME BUDGET APPROVED

The Assembly approved a programme budget of US$ 734 936 000 for the work of WHO for the period 1992-93. The programme budget, while enabling WHO to carry out its "normative" functions such as standard-setting etc, was constructed in such a way as to enable WHO to respond to the requests of Member States for technical cooperation, which tend to conform to the 8 essential elements of PHC as stated in the Declaration of Alma-Ata, and give effect to five new areas of emphasis for the 1990s.

THE WORK OF WHO & ITS PARTNERS 1990

The social, political and economic changes taking place at the time the 90-91 work programme was developed heralded a time of optimism never seen before, not the least of which was the expected peace dividend. However, by the end of 1990 it was clear that that optimism had been unfounded. WHO and its partners during 1990 found themselves responding to unprecedented requests for support to governments and their people struck by earthquakes, floods, famine, epidemics and the aftermath of regional conflicts. In the midst of those problems WHO implemented its work Programme for 90-91.

Consequently the Resolutions adopted by the Assembly, which are the key to WHO action, ranged from issues stemming from its continuing work and responding to requests for assistance from governments. For instance, the resolution on Human Organ

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Transplantation in which the Assembly endorsed the Guiding Principles on Human Organ Transplantation and recommended that they be taken into account in the formulation of government policies on this issue. Or that concerning the Chernobyl Accident which endorses a proposal to establish an international programme and the setting up of an international centre to mitigate the health effects of the Chernobyl accident, or the resolution concerning Research and Development in the field of Children's Vaccines.

The Assembly also had lengthy debates and approved other Resolutions connected with its function of providing emergency aid. Among those Resolutions were Collaboration within the UN System - Health situation of the displaced persons in Iraq and the neighbouring countries; Health and medical assistance to Lebanon, Health assistance to refugees and displaced persons in Cyprus and Somalia; Emergency relief operations.

In agreeing that intensified health development action in, and support to countries, especially those most in need, would be emphasized in WHO's work during the 1990s, the Assembly adopted a Resolution (WHA44.24) that asked WHO to continue its work already carried out in support of the poorest of the poor in the least developed countries. The work undertaken seeks to close the gap in health status between least developed countries and other developing countries.

List of WHO Resolutions of Interest to NGOs

Research and Development in the Field of Children's Vaccines	WHA44.4
Eradication of Dracunculiasis	WHA44.5
Cholera	WHA44.6
Control of Acute Respiratory Infections	WHA44.7
Tuberculosis Control Programme	WHA44.8
Leprosy	WHA44.9
Health Promotion for the Development of Least Developed Countries	WHA44.24
Human Organ Transplantation	WHA44.25
Smoking and Travel	WHA44.26
Urban Health Development	WHA44.27
Water and Environmental Sanitation	WHA44.28
Health Conditions of the Arab Population in the Occupied Arab Territories, Including Palestine	WHA44.31
Collaboration within the UN System - World Summit for Children: Follow-up action	WHA44.33
Traditional Medicine and Modern Health Care	WHA44.34
International Programme to Mitigate the Health Effects of the Chernobyl Accident	WHA44.36
Health and Medical Assistance to Lebanon	WHA44.37
Health Assistance to Refugees and Displaced Persons in Cyprus	WHA44.38
Liberation Struggle in Southern Africa: Assistance to the Front-Line States, Lesotho and Swaziland	WHA44.39
Reconstruction and Development of the Health Sector in Namibia	WHA44.40
Emergency Relief Operations	WHA44.41
Women, Health and Development	WHA44.42
Collaboration with the UN System - Health and Medical Assistance to Somalia	WHA44.43

Should you wish to receive a copy of a Resolution(s) please write to Ms Matsumoto, ECO, WHO HQ.

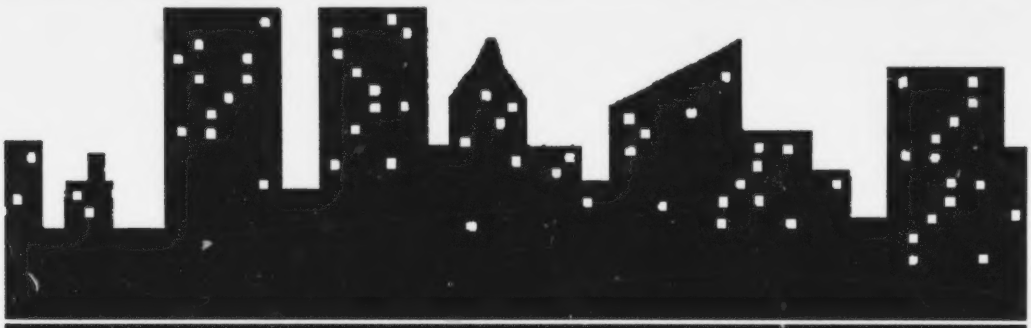
TWO NEW MEMBER STATES.

The Forty-Fourth World Health Assembly admitted into Membership of the World Health Organization The Marshall Islands, and the Federated States of Micronesia. Subject to the deposit of formal instruments of acceptance of the WHO Constitution with the Secretary-General of the UN the number of WHO Members will increase to 168. Tokelau was also admitted as an Associate Member.

1992 EXECUTIVE BOARD AND WORLD HEALTH ASSEMBLY DATES

EB89, 20-29 January 1992 and 45th World Health Assembly, 4-15 May 1992

The 89th session of the WHO Executive Board will commence on Monday, 20 January 1992 and should close no later than Wednesday, 29 January 1992. The Forty-fifth World Health Assembly will open on Monday, 4 May 1992. Both meetings will be held in Geneva. NGOs in official relations with WHO will receive invitations in due time.



TECHNICAL DISCUSSIONS ON STRATEGIES FOR HEALTH FOR ALL IN THE FACE OF RAPID URBANIZATION

During the period 1990-2020 total world population will increase to 7.8 billion people, most of them will be living in large cities or towns and the urban setting will play a major part in determining not only their health situation but will be critical to the future ecology of the planet itself.

The selection of urban health as the focus of the 44th Technical Discussions of the World Health Assembly was a highly significant event and marked the explicit recognition of the importance now given to this issue. Representatives from national and local governments, health authorities, scientific experts and nongovernmental organizations came together to discuss and exchange ideas about the pressing problems caused by rapid urbanization.

The Plenary Discussions were chaired by Sir Donald Acheson, Chief Medical Officer and Chief Medical Adviser to the UK Government, at which participants heard and debated keynote addresses by Dr Rodrigo Guerrero on the subject of urban health systems, Mrs Annette Sabouraud on urban health and city networks and Dr Emil Salim on population growth and urban development.

Following the plenary four workshops concentrated on the following themes: development of urban environmental health services; organization of urban health systems; city networks for health and urban policies and health status. Highlights and conclusions from the workshops that might be of interest to NGOs follow.

Development of urban environmental health services

In many countries urban populations now exceed the sustainable yield from surrounding land, forest and water systems with resulting environmental degradation, decreased agricultural production, "natural disasters" and increased landlessness. Participants in this workshop highlighted the requirement for the application of 4 principles for an ecological appraisal of any city, they are:

1. minimum intrusion into the natural state, requiring that new developments and restructuring should reflect the topographic, hydrographic, vegetal and climatic environment in which it occurs. It is a responsibility of the international community to ensure that people do not need to live in hazardous locations;

2. maximum variety - land uses and activities should be mixed where this does not create hazards;

3. application of the principle of closed systems in urban and environmental management to ensure that waste is recycled within the urban area wherever possible and that water, energy and resources are renewable;

4. urban and population change must relate to the fragile natural systems and environments that support them.

It was believed important that developing cities health departments become more actively involved in (a) health promotion and (b) monitoring and control of the whole range of environmental hazards. It was noted, however, that in this connexion it would also be of paramount importance that there be an effective partnership between public, private and voluntary sectors. For instance one of its recommendations was the development of a new facility to act as a catalyst in support of community and voluntary group initiatives in environmental health at city level.

Organization of urban health systems

Networks within cities were as important as those between cities and participants also noted that there was evidence from a number of places of reference health centres which enjoyed a high level of community involvement and of enhanced community resourcing. In addressing the question of leadership, organization and management of urban health systems, participants drew the conclusion that while leadership in deprived and underserved urban areas required a special type of leadership, it was clear that the reorientation of the urban health system towards PHC and reference health centre type developments would be unlikely to occur without the active involvement and support of physicians. Therefore the education of doctors should equip them with the ability to work in partnership with other professional groups and with community organizations.

This group noted that it is also becoming clear that neither a rural nor an urban focus in itself is sufficient but that it is necessary to consider the interactions between the two and that rural development is an essential part of urban development.

City networks for health

One of the main recommendations of this group was that national NGOs, particularly in the health, urban, environment and social justice sectors could consider how they can individually or collaboratively support healthy city projects and national healthy city networks.

Urban policies and health status

In many ways the subject of this workshop synthesised discussion in the other areas. Participants were aware of the magnitude of environmental problems and the necessity of changing or adapting health services to provide to the burgeoning population of cities, and were cognizant of efforts already made to change. From several major policy issues relevant to improve urban health status it identified population, the need for political commitment, public participation and the need for a systematic approach as being crucial to the development of healthy cities. Harnessing the potential of nongovernmental, religious, private and voluntary organizations would be a major challenge. Meshing the efforts and resources of these different groups into a common effort would also improve the use of scarce resources in meeting massive needs.

The conclusions and recommendations of the Technical Discussion demonstrate that enough knowledge has been amassed enabling us to know that in order to reestablish harmony or to avoid being in disharmony with our environment society as a whole has to become more attentive to not only the precarious equilibrium so far achieved with the environment but also to the results of decisions about health services distribution, the impact made on those services by unplanned growth and the knowledge that certain current economic and social realities should be changed or adapted to maximize efforts towards a healthy environment.

Readers wishing to obtain a full report or more information should write to the office of Enviromental Health in Rural and Urban Development and Housing (RUD), WHO HQ, Geneva.

INFORMATION MEETINGS FOR NGOS ATTENDING THE WORLD HEALTH ASSEMBLY

Presentation by Dr Aleya El Bindari Hammad Chairman of the WHO Global Task Force on Health Development in Countries of Central and Eastern Europe (CCEE)

Dr Aleya El Bindari Hammad, Adviser to the Director-General on Health and Development Policy and Chairman of the WHO Global Task Force, spoke about the headway that had been made since the creation of the Task Force in October 1990. "The Task Force was created to harmonize WHO emergency support to countries during the critical period of political and economic adjustment which has had severe impact on health systems and health services in these countries."

"One of the top priorities of health authorities in CCEE following their political reform, was economic and political policies which would bring about health systems reform. This year WHO has held seminars and consultations on "Health Care Financing", Geneva 22-26 April 1991; "Reforming health care systems in Europe - the role of local health services development projects" Graz, Austria 13-17 May 1991; and "Policy analysis of human resources for health in CCEE", Veyrier-du-Lac, France 24-27 March 1991. These meetings have been supported by health care reform missions to investigate the many aspects of health care reform in the countries themselves. The topics discussed in these meetings have included health care financing - the private/public mix, management schemes, health insurance systems, and quality of care, among others."

"We have worked very closely with the Regional Office for Europe. The Drafting Group of the Advisory Subcommittee of the Regional Committee for Europe (of which Dr Hammad is a member) has drawn up the EUROHEALTH programme which focuses on countries which have experienced rapid change in the recent past. It is intended to assist CCEE in determining strategies for change by identifying a list of projects, and the cost implications of these projects."

"The strengths of NGOs have also been utilized. To site only a few examples: a mission was organized by the Ministry of Health and Social Affairs of Sweden for WHO to meet Swedish NGOs involved in collaboration with CCEE. A wide range of internationally active Swedish NGOs and representatives of Swedish mass media attended the meeting. The Canadian Government has also set up a Task Force for coordination of a programme of assistance to central and eastern Europe with an initial budget of Can.$40 million. On a recent mission, WHO met with Canadian NGOs and branch members of the Department of Health and Welfare, International and Intergovernmental Affairs to discuss collaboration in CCEE. NGOs from Bulgaria, Hungary, Ireland, Poland, Romania, Turkey and the USSR recently participated in a seminar entitled "Counselling skills and reproductive health for adolescents" in which they were trained in counselling techniques for sexual and reproductive health."

Dr Hammad concluded "Over the past few months much has been achieved, not only in arriving at approaches to handle the rapid overall changes that have taken place in CCEE, but also in coping with problems in specific areas such as communicable and noncommunicable diseases, family planning, maternal and child health care, environment, AIDS and human resources development."

Presentation by Dr P.-H. Lambert Microbiology and Immunology Support Services

Research and Development in the Field of Vaccines:

New Children's Vaccines for the 90s

Dr Lambert emphasized the need for new and improved vaccines for the prevention of severe childhood viral and bacterial diseases which claim over 8 million lives annually. He pointed out the remarkable efficacy of national children immunization programmes which now reach a global vaccination coverage of about 80%. This achievement ensures that newly developed vaccines, if made available at a reasonable cost, would have the potential of a real impact on the burden of infectious diseases in developing countries. The WHO/UNDP Programme for Vaccine Development have selected as priorities:

the development of improved vaccines to simplify vaccination and to increase the efficacy of essential EPI vaccines: vaccines which would require only one single dose, which could be given orally and which could be heat-stable. These vaccines should be most helpful to improve the control of diseases such as measles, tetanus, pertussis, tuberculosis and polio, which are still causing the death of over 2.5 million children per year;

the development of new vaccines against major childhood diseases: bacterial and viral diarrhoeal diseases, acute respiratory infections, meningitis, dengue and hepatitis (E,C). Child mortality associated with these diseases is 5-6 million annually.

Major progress has already been made for several of these targets. One of the most spectacular is the development of a single-dose vaccine for tetanus which is now foreseen. It results from the application of the controlled-release technology to vaccine development: tiny biodegradable micro-spheres (less than 10 microns) containing the vaccine can be "programmed" to release it at a defined time after their injection. An appropriate mixture of microspheres has the potential of mimicking the repeated vaccine administration. Such progress should considerably simplify the immunization of pregnant women and of women of childbearing age in order to prevent neonatal tetanus through passive transfer of antibodies from mother to child before birth. In addition to providing a new tool to prevent a disease which still kills 760,000 newborns annually in developing countries, the new single-dose tetanus

vaccine represents a model which will soon be copied for other vaccines (Diphtheria, Pertussis, Hepatitis B). Thus, there is a new generation of vaccines in sight which may transform our present immunization schedule and contribute to a better control of major infectious diseases.

Presentation by Dr D. Tarantola and staff of the Division of Emergency Relief Operations

The role of WHO in Emergency Relief Operations

The World Health Organization's Division of Emergency Relief Operations (ERO) had been established in 1990 with the dual aim of enabling countries to cope better with the health impact of natural or man-made disasters and to rehabilitate health care systems affected by such crises. This mandate emanated from WHO's Constitution which states that, among its functions, "the Organization is to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments". Dr Tarantola highlighted the role of this Division which encompassed emergency preparedness, situation assessment, immediate response, formulation of a short-term emergency health plan, and of a rehabilitation plan. Countries where the Division had been active included Namibia, Afghanistan, Lebanon, Cambodia, the occupied Arab territories, Liberia and more recently, countries in the Persian Gulf region.

The specific role assigned to WHO in post-disaster situations included the fielding of assessment teams, the formulation of action plans, the provision of guidelines, the training of trainers in certain health sector areas, the establishment and implementation of surveillance, monitoring and quality control schemes, the exchange of information and the creation or strengthening of coordinating mechanisms. Too often the activities of this Division, mostly funded from extrabudgetary sources, were limited or delayed by the scarcity of resources. A small revolving fund had been created which improved WHO's emergency response capacity, but when the demand was high, as had been experienced in 1991, the fund was not sufficient to meet the needs.

A video projection of "Before Disaster Strikes" followed, which appropriately stressed the need for enhanced preparedness in countries. This was the main goal of the Decade on Disaster - prepare countries better in order to mitigate the impact of natural disasters. The Emergency Preparedness and Response Unit (EPR) had set out a programme to enhance national preparedness, as was exemplified in the region of the Americas, in particular. Furthermore, it had responded to disaster situations in their acute stage by fielding personnel, providing urgently needed drugs, supplies and equipment. Beyond this stage, the rehabilitation and reconstruction of health services was within the mandate of the Relief Programme (REL), which represented the second unit of the WHO's Division of Emergency Relief Operations.

Recognizing the critical role of preparedness, Dr A. Holloway described the main features of the International Decade on Disaster Reduction which begun in 1991.

The role of nongovernmental organizations was of paramount importance at all steps of the sequence preparedness/disaster response/rehabilitation/enhanced preparedness. The relationship between WHO, other United Nations agencies and nongovernmental organizations had been very close, each of these participating parties complementing each other appropriately with the ultimate goal of enabling countries to achieve maximum self-reliance in their coping with disasters.

NGOS AND SUBSTANCE ABUSE

For the eighth successive year, a meeting was held during the World Health Assembly of those NGOs collaborating with or interested in collaborating with WHO in the prevention and control of substance abuse. The purpose of the meetings is to promote better networking between NGOs and to identify opportunities for strengthening collaboration with WHO.

PSA - Programme on Substance Abuse

This year's meeting was different from previous ones in that WHO has just established a new Programme on Substance Abuse (PSA). This means that the possibilities for active collaboration between WHO and NGOs is much enhanced. The Director of PSA, Mr Hans Emblad, emphasized that he saw collaboration as something that involved specific action on joint projects.

PSA Invites NGOs to Propose Joint Projects that Make a Difference

The very nature of substance abuse means that NGOs are often likely to be more in touch with its realities than are governments. Since drug abuse carries legal sanctions and since many people are unwilling to contact official institutions for help, NGOs are likely to be the first choice in many countries.

It will be part of PSA's future workplan to look for specific projects, either in individual countries or on an intercountry or even global basis, where NGOs can play a central role. Such possible avenues for collaboration might be: the plight of street children, many of whom are now involved in solvent abuse; the need for better training materials for key health workers; or the special role of women in strengthening the coping skills of families; and the importance of working to prevent drug use and to prevent AIDS in a coordinated way. In this connection PSA invited NGOs to come up with suggestions for activities where WHO support would really make a big difference in terms of implementation or effectiveness. That offer still stands. Any NGO that has good ideas for specific collaborative projects in the area of substance abuse is invited to write to Mr Hans Emblad, Director PSA, at WHO HQ in Geneva.

PSA Strategy includes

- promotion of life free from substance abuse
- treatment and rehabilitation
- country programme support
- control of licit psychoactive substances
- research and development

The details of PSA work are set out in its Strategy Document (WHO/PSA/90.1)

BRIEFING ON MINISTERIAL CONFERENCE ON MALARIA

Ministers of Health are scheduled to assemble at the Royal Tropical Institute in Amsterdam from 26-27 October 1992 to obtain Global RECOGNITION of the malaria problem, agreement on a STRATEGY for malaria control, and a COMMITMENT to the strategy by political and health leaders.

Prior to the Ministerial Conference in Amsterdam, there will be three interregional meetings. These meetings are of prime importance to fully involve the malaria endemic countries in defining the regional situation and needs, in addressing those particular concerns of the countries of the region, and in contributing towards the development of a global strategy for malaria control.

94 countries in the world have a malaria problem every year putting **2,000 million people at risk.**

For the children of Africa it represents a leading cause of death

Among the many approaches to malaria control to be analysed in the interregional meetings will be the use of bednets impregnated

with a biodegradable insecticide which, based on the results of recent tests in Gambia, could reduce malaria deaths in children by two-thirds under certain conditions.

The first interregional meeting for Africa will be held in Brazzaville, 21-25 October 1991. A number of preliminary activities already have been held; data have been compiled from a comprehensive questionnaire regarding the malaria situation in Africa, to which 80% of the participating countries had replied by March 1991. The interregional meeting for Asia, the Eastern Mediterranean and the Western Pacific areas will take place in New Delhi during the second week of February 1992 and the interregional meeting for the Americas is tentatively scheduled for June 1992 in Brazil. It should be emphasized that all endemic countries, as well as interested non-endemic countries, are being involved in the development of this malaria control strategy and global commitment.

NEWS FROM WHO PROGRAMMES

"Health Education Through the People By the People and For the People"

That could sum up not only the Article VII(5) of the Declaration of Alma-Ata but also the motto of the WHO interregional Health Learning Materials (HLM) programme. HLM is trying to help the people in over 30 developing countries to obtain that precious quality "self-reliance". It does this by helping them to produce their own teaching, learning and promotional materials and promoting the sharing of information, materials, expertise and training facilities between countries through, at the moment, 4 intercountry networks. The HLM brochure mailed with this Newsletter provides a description of HLM's work.

A number of national HLM projects are already being assisted by NGOs, and the HLM programme would welcome increased collaboration with NGOs and other voluntary organizations in their work. Such collaboration might be in financing or actually taking part in HLM activities.

For more information contact Dr M A C Dowling, HRH/HLM, at the WHO HQ address.

Declaration of Alma-Ata, Article VII (5)

Primary Health Care requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of PHC, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate.

THE MENTAL HEALTH PROGRAMME

The Constitution of the World Health Organization defines health as a state of complete physical, mental and social well-being and lists the promotion of mental health and of the harmony of human relations among the functions of the Organization. Several other constitutional functions of the Organization also involve action in the field of mental health. For example, those requiring the Organization to carry out activities leading to the prevention of illnesses of public health importance and to produce international standards and guidelines governing the provision of health care.

In the 90s the MNH programme will be seeking to reduce problems related to mental and neurological disorders and to incorporate mental health knowledge and understanding in general health care and social development. This objective will be pursued through the four major components of the programme, i.e.:

(i) Psychosocial and behavioural factors affecting health and development;
(ii) Organization of services for the prevention and treatment of mental and neurological illness;
(iii) Biomedical research on mental functioning in health and disease;
(iv) Prevention and control of neurological disorders.

MNH collaboration with NGOs has increased with time. At present, seventeen NGOs in official relations with WHO and several in working relations are participating in the Mental Health Programme. Collaboration ranges from providing comments (e.g., on the classification of mental

and neurological disorders) to joint action on questions of human rights and on practical programmes at country level (e.g., to deal with epilepsy). A new initiative was introduced in early 1991: the presidents of six major non-governmental organizations (WAPR, WASP, WFMH, WPA, IFMP, WFSBP) decided to create a Standing Committee of NGO Presidents. This Committee will aim to ensure joint action by the respective NGOs and their active liaison with WHO in four areas of work:

(i) the development of guidelines to implement the UN Declaration of the Rights of the Mentally Ill and to monitor its application;

(ii) the wide use of the WHO schedules for quality assurance in mental health;

(iii) the introduction of mental health components into primary and general health care;

(iv) the development of integrated training curricula for postgraduate teaching of psychiatry.

The WHO Mental Health Programme sees the NGOs as essential partners in promoting mental health in dealing with psychosocial aspects of health care and in action to prevent mental disorders or help the mentally ill.

NEWS FROM WHO REGIONS

NGO/UN COOPERATION FORUM

The WHO Regional Office for South-East Asia has brought to our attention the NGO/UN Cooperation Forum based in Jakarta, Indonesia. The Forum came into being on 5 December 1986 on the occasion of the celebration of "International Volunteer Day". Membership is drawn from NGOs, organizations and coordinating bodies at national, regional and local level in partnership with government and UN agencies.

Partners in Development

It seeks to provide opportunities for the government of Indonesia (both at national and local level), NGOs and UN organizations working in Indonesia to share their experiences, enrich their views on local, national and international issues and use the Forum as a mechanism for improving cooperation and collaboration in their work as "Partners in Development". The Forum's activities until 1990 focussed on efforts to build its basic structure and pattern of work to enable it, among other things, to increase its membership of NGOs to 2000 and work towards a base for a cooperation network with government agencies and international organizations.

Its plan of work for 1991-93 emphasizes strengthening the organizational capacity of NGOs, developing and increasing communication between government agencies, the international and private sectors and for instance develop a "volunteer programme" whereby national/international volunteers can be chanelled to work with local NGOs. Regular meetings will be held to enable sharing of experiences and knowledge about projects and in particular identify reasons as to why projects are successful or unsuccessful and how to improve project impact.

The Forum publishes a bimonthly communication bulletin, studies on members' activities and plans a directory of its member organizations containing information about their major programme activities.

The Forum would be interested to hear from you if you are working in Indonesia or considering working in Indonesia. Please contact the Executive Secretary, NGO/UN Cooperation Forum Secretariat, JL Gatot Subroto Kav.96 (mb-pmi), Jakarta 12790, Indonesia.

WORKING IN THE FIELD OF AIDS ?

- then consider ordering a copy of the WHO/UN Nongovernmental Liaison Service Inventory of NGOs working on AIDS in Countries that Receive Development Cooperation or Assistance. Over 400 NGOs from 77 countries are listed, together with information including their main AIDS-related activities, their funding sources and their publications and audiovisual resources. Invaluable for networking and finding out what's going on. It is the hope of the WHO Global Programme on AIDS that the inventory will contribute to the building of an effective, unified response to HIV/AIDS in the world.

IF YOU HAVE NEWS OR VIEWS FOR THIS NEWSLETTER PLEASE SEND THEM TO

WHO HQ
Office of External Coordination
NGO Relations

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NGO/WHO NEWSLETTER READERSHIP ENQUIRY

If you read the Newsletter we would very much appreciate your taking the time to answer the following Enquiry so that we can find out from you whether it is of sufficient interest to warrant continuation. It will be assumed that the Newsletter is not of interest to those Organizations who do not reply to the Enquiry. Please return the completed form, by 30 November 1991, to Ms Matsumoto, ECO, WHOHQ address.

Question 1 is addressed to the person who opens the envelope but is not the end reader/user

		Yes	No	Other
1.	Is the Newsletter addressed to the correct person in your organization?	☐	☐	☐

(if "No" please provide below correct name and address of person to whom Newsletter should be mailed)

- - - -

Nongovernmental organizations in official relations with WHO as of February 1991

African Medical and Research Foundation International
Aga Khan Foundation
Christian Medical Commission
Christoffel-Blindenmission
Collegium Internationale Neuro-Psychopharmacologicum
Commonwealth Association for Mental Handicap and Developmental Disabilities
Commonwealth Medical Association
Commonwealth Pharmaceutical Association
Council for International Organizations of Medical Sciences
Council of Directors of Institutes of Tropical Medicine in Europe
Helen Keller International Inc
Industry Council for Development
Inter-American Association of Sanitary and Environmental Engineering
Inter-Parliamentary Union
International Academy of Legal Medicine and Social Medicine
International Academy of Pathology
International Agency for the Prevention of Blindness
International Air Transport Association
International Association for Accident and Traffic Medicine
International Association for Child and Adolescent Psychiatry and Allied Professions
International Association for Maternal and Neonatal Health
International Association for Suicide Prevention
International Association for the Study of Pain
International Association for the Study of the Liver
International Association of Agricultural Medicine and Rural Health
International Association of Cancer Registries
International Association of Hydatid Disease
International Association of Lions Clubs
International Association of Logopedics and Phoniatrics
International Association of Medical Laboratory Technologists
International Association on Water Pollution Research and Control
International Astronautical Federation
International Brain Research Organization
International Centre of Social Gerontology
International Clearinghouse for Birth Defects Monitoring Systems
International College of Surgeons
International Commission for the Prevention of Alcoholism and Drug Dependency
International Commission on Occupational Health
International Commission on Radiation Units and Measurements
International Commission on Radiological Protection
International Committee for Standardization in Hematology
International Committee of Catholic Nurses and Medico-Social Workers
International Committee of the Red Cross
International Confederation of Midwives
International Council for Laboratory Animal Science
International Council of Nurses
International Council of Scientific Unions
International Council of Societies of Pathology
International Council of Women
International Council on Alcohol and Addictions
International Council on Jewish Social and Welfare Services
International Council on Social Welfare
International Cystic Fibrosis (Mucoviscidosis) Association
International Dental Federation
International Diabetes Federation
International Electrotechnical Commission
International Epidemiological Association
International Ergonomics Association
International Eye Foundation
International Federation for Family Life Promotion
International Federation for Housing and Planning
International Federation for Medical and Biological Engineering
International Federation for Preventive and Social Medicine
International Federation of Business and Professional Women
International Federation of Chemical, Energy and General Workers' Unions
International Federation of Clinical Chemistry
International Federation of Fertility Societies
International Federation of Gynecology and Obstetrics
International Federation of Health Record Organizations
International Federation of Hospital Engineering
International Federation of Hydrotherapy and Climatotherapy
International Federation of Medical Students Associations
International Federation of Multiple Sclerosis Societies
International Federation of Ophthalmological Societies
International Federation of Oto-Rhino-Laryngological Societies
International Federation of Pharmaceutical Manufacturers Associations
International Federation of Physical Medicine and Rehabilitation
International Federation of Sports Medicine
International Federation of Surgical Colleges
International Federation on Ageing
International Group of National Associations of Manufacturers of Agrochemical Products
International Hospital Federation
International League against Epilepsy
International League against Rheumatism
International Leprosy Association
International Life Sciences Institute
International Medical Society of Paraplegia
International Organization against Trachoma
International Organization for Standardization
International Organization of Consumers Unions
International Pediatric Association
International Pharmaceutical Federation
International Physicians for the Prevention of Nuclear War
International Planned Parenthood Federation
International Radiation Protection Association
International Society and Federation of Cardiology
International Society for Biomedical Research on Alcoholism
International Society for Burn Injuries
International Society for Human and Animal Mycology
International Society for the Study of Behavioural Development
International Society of Biometeorology
International Society of Blood Transfusion
International Society of Chemotherapy
International Special Dietary Foods Industries
International Society of Hematology
International Society of Nurses in Cancer Care

International Society of Orthopaedic Surgery and Traumatology
International Society of Radiographers and Radiological Technicians
International Society of Radiology
International Solid Wastes and Public Cleansing Association
International Union against Cancer
International Union against Tuberculosis and Lung Disease
International Union against the Venereal Diseases and the Treponematoses
International Union for Conservation of Nature and Natural Resources
International Union for Health Education
International Union of Architects
International Union of Biological Sciences
International Union of Family Organizations
International Union of Immunological Societies
International Union of Local Authorities
International Union of Microbiological Societies
International Union of Nutritional Sciences
International Union of Pharmacology
International Union of Pure and Applied Chemistry
International Union of School and University Health and Medicine
International Water Supply Association
Joint Commission on International Aspects of Mental Retardation
League of Red Cross and Red Crescent Societies
Medical Women's International Association
Medicus Mundi Internationalis
National Council for International Health
Network of Community-Oriented Educational Institutions for Health Sciences
OXFAM
Rehabilitation International
Rotary International
Save the Children Fund (UK)
The Population Council
The Royal Commonwealth Society for the Blind - Sight Savers
World Assembly of Youth
World Association for Psychosocial Rehabilitation
World Association of Girl Guides and Girl Scouts
World Association of the Major Metropolises
World Association of Societies of (Anatomic and Clinical) Pathology
World Blind Union
World Confederation for Physical Therapy
World Federation for Medical Education
World Federation for Mental Health
World Federation of Associations of Clinical Toxicology Centers and Poison Control Centers
World Federation of Hemophilia
World Federation of Neurology
World Federation of Neurosurgical Societies
World Federation of Nuclear Medicine and Biology
World Federation of Occupational Therapists
World Federation of Parasitologists
World Federation of Proprietary Medicine Manufacturers
World Federation of Public Health Associations
World Federation of Societies of Anaesthesiologists
World Federation of the Deaf
World Federation of United Nations Associations
World Hypertension League
World Organization of National Colleges, Academies and Academic Associations of General Practitioners/ Family Physicians
World Organization of the Scout Movement
World Psychiatric Association
World Rehabilitation Fund
World Veterans Federation
World Veterinary Association
World Vision International

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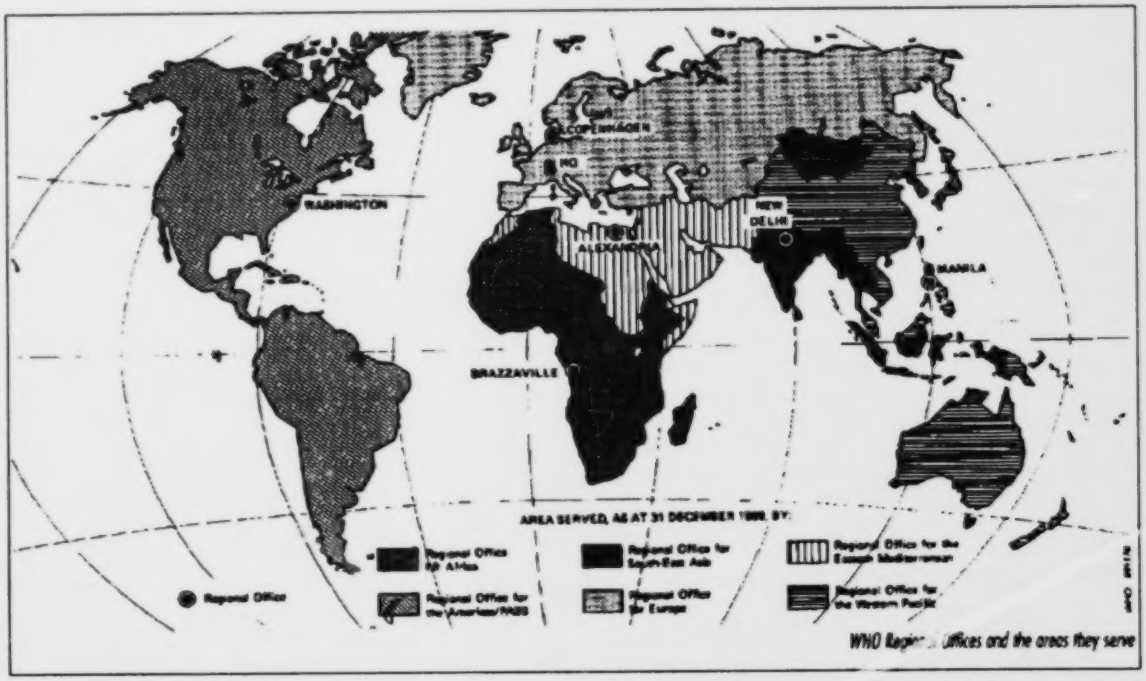

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